Chapter 10

ITRO HEALTH CARE PROCESSES

1. **Purpose**. The purpose of this chapter is to provide guidance on the unique aspects of conducting Health Care studies within the Interservice Training Review Organization (ITRO) process. It is intended for use with the other portions of the ITRO Procedures Manual.

2. **Background.**

a. Experience in conducting ITRO Health Care studies has shown that the basic information, Rules of Engagement, and forms contained in the other sections ITRO Procedures Manual are directly applicable to the conduct of Health Care studies. However, there are several additional and unique areas for Health Care, which require specific guidance.

b. The main areas of difference with health care are:

(1) The health care chain of command within the Assistant Secretary of Defense for Health Affairs (ASD (HA))

(2) The decision process

(3) A permanent health care office (secretariat)

(4) Accreditation

c. These differences primarily result from the funding of military health care by the Defense Health Program (DHP), which is directed by ASD (HA).

3. **Line and Health Care Organizational Relationships**

a. The Army and the Navy Surgeons General directly control their training commands and funding, which do not come under the control of TRADOC or CNET. The Air Force, however, manages Health Care training through the Air Education and Training Command (AETC). MCCDC does not usually become involved with Health Care training, since the Navy provides their medical and dental support. The Coast Guard conducts some Health Care training, but participates in many of the military medical department courses and programs.

b. In 1994 a separate health care procedures manual was published to fill this deficit. However, that manual duplicated much of what was in the ITRO procedures manual. This version of the health care guidance is intended to eliminate that redundancy and to more clearly show that health care is an integral part of the fundamental ITRO process.

ORGANIZATION AND RESPONSIBILITIES

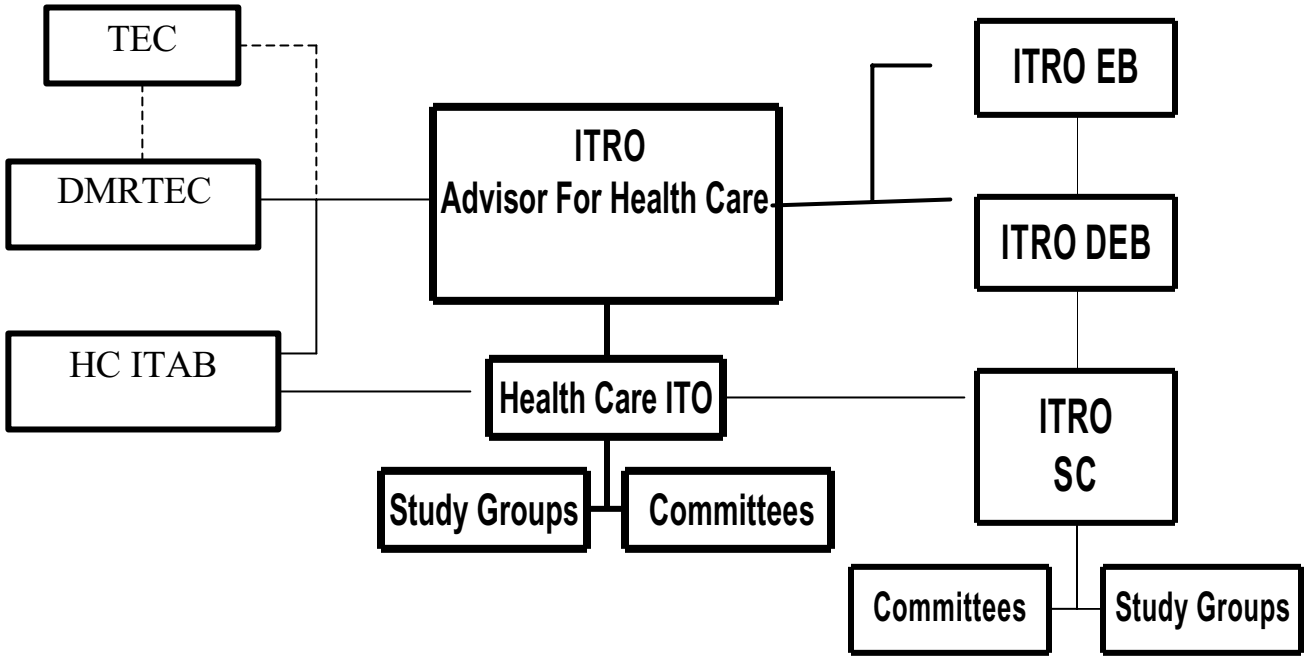


Figure 10-1, Health Care Organizational Relationships within ITRO

1. **Interservice Training Review Organization (ITRO).** The interservice training review process for Health Care is guided by and achieved through a structure of boards and committees (see Figure 1). The organization is adapted to accommodate the Military Health System and a permanent Health Care Interservice Training Office (HC ITO), while maintaining full membership and participation with all ITRO committees and boards. The following paragraphs describe and outline the responsibilities of those Health Care boards and committees. Unless noted otherwise HC follows all ITRO procedures.

2. **Tricare Executive Committee (TEC).**..The TEC functions as an executive level discussion and advisory group chaired by the Principal Deputy Assistant Secretary (Health Affairs). The members include the Surgeons General from the Army, Navy, and Air Force, the Executive Director of the Tricare Management Activity and the J-4 Medical Readiness Director.

3. **Defense Medical Readiness Training and Education Council (DMRTEC).** The DMRTEC is the authority for Health Care training decisions and the primary source of guidance and direction.

a. The ASD (HA) charters the DMRTEC and approves the minutes of the meetings, which are considered to be ITRO Executive Orders for all Health Care decisions made by the DMRTEC. b. DASD, Health Operations Policy (DASD (HOP)) chairs the DMRTEC. Each Service is represented by a Flag officer from their Surgeon's General office. There are also representatives from the Reserve components, J-4, and USUHS. The ITRO Advisor for Health Care is a voting member of the DMRTEC. DMRTEC keeps the TEC informed on all Health Care interservice training issues and decisions.

a. **ITRO Steering Committee (SC), Deputy Executive Board (DEB) and Executive Board (EB)**. Health Care participates as a full member in the ITRO SC, DEB, and EB for all procedural and regulatory issues.

4. **ITRO Advisor for Health Care (ITRO AHC).** The ITRO AHC is the principal advisor and advocate for health care interservice training within the Military Health System and within ITRO. A Naval medical department Flag Officer will be assigned as the ITRO AHC. The ITRO AHC shall:

(1) Represent the position of all Services on interservice health care training issues to the DMRTEC and the TEC.

(2) Serve as a voting member of the DMRTEC for interservice training.

(3) Advise the ITRO EB and DEB on health care interservice training matters.

(4) Chair the Health Care Interservice Training Advisory Board (HC ITAB).

(5) Provides direction to the Health Care Interservice Training Office (HC ITO).

5. **Director, Health Care Interservice Training Office.** The Director will:

a. Serve as the manager of the Health Care Interservice Training Office and direct the daily activities of the staff.

b. Serve as the principal advisor to the ITRO AHC on health care interservice training.

c. Represent the ITRO AHC in his/her absence in all matters pertaining to health care interservice training.

d. Keep the ITRO AHC informed of HC ITAB recommendations, issues, and agreements.

e. Coordinate the activities and provide guidance to the HC ITAB, Detailed Analysis Groups, Quick Look Groups, Standing Committees, and other groups.

f. Coordinate with the HC ITAB Service voting representatives on membership for DAGs, QLGs, Standing Committees, or other groups.

g. Provide the professional direction, expertise, and guidance required to accomplish the goals of the HC interservice training.

h. Provide briefings, reports, and information to appropriate authorities, such as Congress, ASD (HA), the Surgeons General, and ITRO boards and committees.

i. Serve as a member of the ITRO Steering Committee.

j. Serve as the ITRO AHCs principal interservice liaison with the Community College of the Air Force (CCAF).

k. Serve as the DOD Commissioner to the Council on Accreditation of Allied Health Education Programs (CAAHEP).

6. **Health Care Interservice Training Office (HC ITO).** The HC ITO will serve as a facilitating and staffing support office to the ITRO AHC and HC ITAB. The HC ITO will:

a. Be permanently supported by the Navy medical department and not rotate among the Services.

b. Be staffed by a member of each Service's medical department and a civilian Program Analyst (GS-343).

c. Serve as the points of contact on health care interservice training for all military services, Federal and State agencies, civilian academic institutions and associations, and other appropriate organizations.

d. Maintain the official files, directories, and reports on Health Care interservice training.

e. Disseminate status and decision reports, Staff Action Processing Forms, minutes and other appropriate written material to HC ITAB members and other appropriate authorities.

f. Facilitate DAGs, QLGs, and other groups as designated by the Director of the HC ITO.

g. Coordinate and support meetings and actions of the HC ITAB.

h. Provide an analysis of cost and other data to the ITRO AHC via the Director of the HC ITO.

i. Review and coordinate Service positions or concerns, and coordinate the HC ITAB perspective and/or positions and recommendations to the HC AHC.

j. Maintain the Health Care Web Site.

k. Provide briefings to the Services and other appropriate groups, such as the DMRTEC, professional organization, and other government agencies.

l. Provide Secretariat with Health Care portion of the ITRO Annual Report.

7. **Health Care Interservice Training Advisory Board (HC ITAB).** The HC ITAB is the principal deliberative body within the health care interservice training structure. The HC ITAB shall develop plans and recommendations to achieve efficiencies in DOD health care training through consolidations (including collocations and the use of quota courses), outsourcing, the insertion of technology and the use of distance learning. They identify training to be studied and charter groups to conduct the analysis. They will review, and revise ongoing course consolidations approved by the DMRTEC and the ITRO. The ITAB establishes and appoints members to DAGs, QLGs, and other groups and monitors their progress.

a. The HC ITAB will coordinate and formulate Service positions for presentation to the DMRTEC via the ITRO AHC.

b. The HC ITAB will consist of four members from each Service, with one vote per Service. Members will be appointed as determined by each Service. It is recommended that the following be considered:

(1) A representative of the office of the Surgeon General.
(2) The commander of a medical training command.
(3) A senior enlisted representative, as appropriate.
(4) A representative from the parent training command.
(5) A Reserve component representative.

c. Each Service will designate a HC ITAB member to be the primary point of contact and voting member. The voting member of the HC ITAB will be responsible for coordinating all issues and decisions within their Service. They will submit the names of their Service's representative to all groups as requested by the HC ITO. These designated representatives will have direct access to the ITRO AHC to provide information and clarification, and to receive guidance. These currently are:

(1) Army Dean, AMEDDC&S
(2) Navy Surgeon General Representative
(3) Air Force AETC/DOJ

d. The HC ITAB will include a non-voting representative from OASD (HA)(HOP) as a member.

e. Representatives or subject matter experts from their Service to will provide information and/or participate in meetings or other actions as necessary.

f. The HC ITAB will meet in person at least semi-annually or at the request of the ITRO AHC.

g. Minutes will be kept on all HC ITAB meetings. The ITRO AHC will approve minutes on the discussions and actions. These minutes will be coordinated by the Services prior to presentation for accuracy prior to presentation to the ITRO AHC.

8. **Health Care Committees.** All HC Committees are chartered by the HC ITAB and have a representative from each military health service. They are facilitated by the HC ITO and report to the HC ITAB. They will provide minutes of all meetings to the HC ITO.

a. Standards Committee. The Standards Committee is responsible for developing the educational, quality of life, and administrative Standards that are utilized within Health Care interservice training. The members also draft the Standards into a manual, which they review and update annually. A complete revision will be performed every three years or when determined by the HC ITAB. The HC Standards Manual is a major resource document to assist HC QLG/DAGs in preparing recommendations. The Standards Manual will be reviewed by the HC ITAB and submitted to the DMRTEC for approval.

b. Advanced Distributed Learning (ADL) Committee. The Advanced Distributed Learning Committee will serve as a central point of contact for ADL issues. It will assist QLG/DAGs in determining ADL options. It will make recommendations to the ITAB.

c. Training Flow Management Committee. The Training Flow Management Committee will serve as a central point of contact for the exchange of information on the student input to HC interservice training. They will reconcile changes from projected or requested student input between Services. In particular, they will assist in accommodating requests from any Service for increased training capacity. If resource changes are required, they will make recommendations and refer the issue to the HC ITAB. The members will attend each Service's annual planning conference to provide input from their Service.

d. Program Of Instruction (POI) Committee. The goal of the POI Committee is to help the host Services develop POI that are readily understood by the participating Services. They will attempt to achieve as much standardization and commonality of format as is possible.

9. **Health Care Advisory Groups.** The following are not chartered committees, but function as advisors and points of contact for their Service. They provide consultation and assistance, particularly in the staffing process.

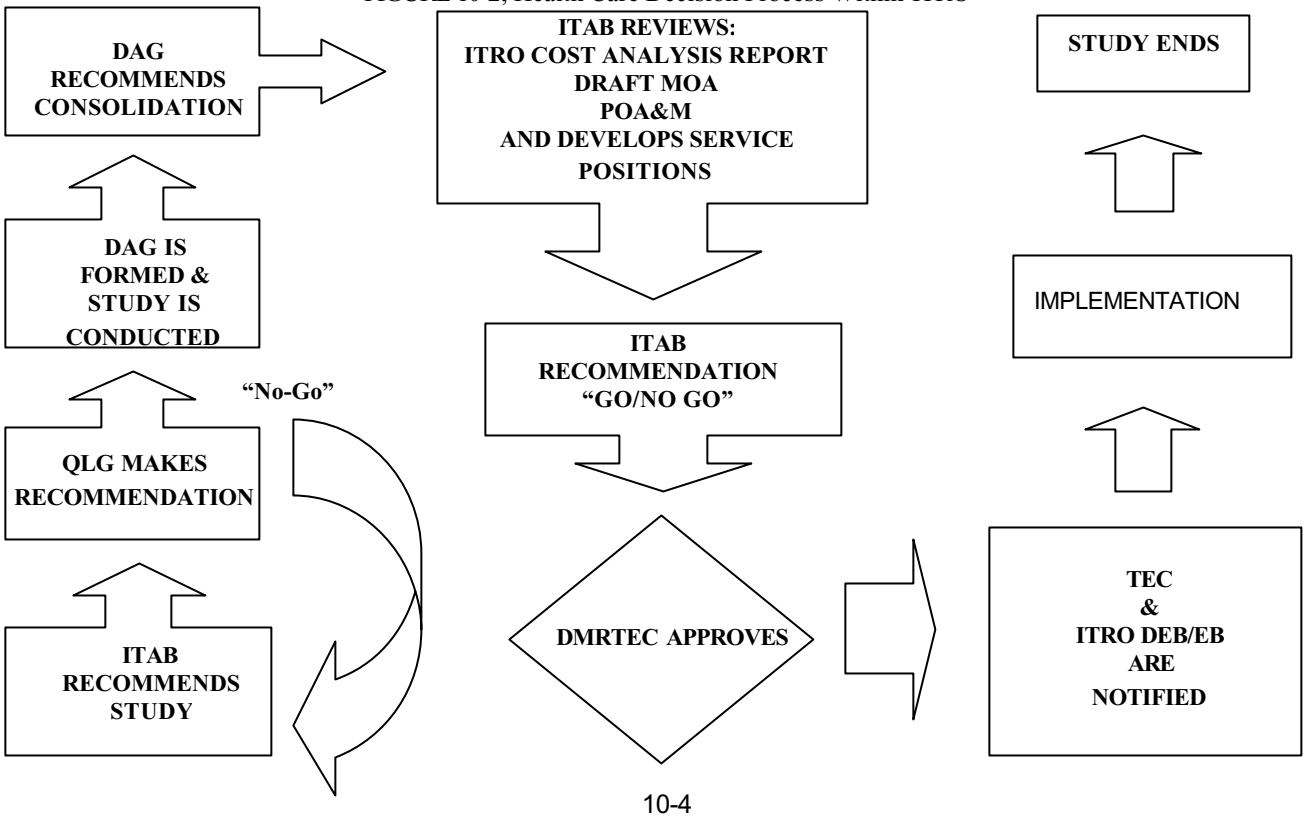
a. Resource Analysts. When Resource Analysts (manpower, facilities, and cost) are needed, the HC ITO will request support from the ITRO Resource Coordinator (USAF/AETC/DOJ) and that support will be obtained and scheduled. AMEDDC&S will provide for the Army, BUMED will provide for the Navy, and AETC will provide analysts for the Air Force. The Health Care resource analysts will attend all ITRO Rules of Engagement meetings.

b. Memorandum Of Agreement (MOA) Coordinators. Each Service will designate a single point of contact to coordinate the review and staffing of MOAs.

c. Accreditation Advisors. The Accreditation advisors are responsible for developing the process for establishing and maintaining institutional and programmatic accreditation, where applicable, in health care interservice training. The Accreditation advisors will assist, when requested, any established or planned interservice training program with accreditation issues. The Health Care accreditation process is described in section 4 of this appendix.

10. **Health Care Action Groups.** The roles and responsibilities of all Health Care Quick Look Groups (HC QLGs), Detailed Analysis Groups (HC DAGs), Chairs, Service Representatives, Subject Mater Experts (HC SME), and Implementation Groups are the same as those listed in the ITRO Procedures Manual. These groups are chartered by the HC ITAB and facilitated by the HC ITO.

FIGURE 10-2, Health Care Decision Process Within ITRO



1. **Initiation of a Study**. Any Service, member of the HC ITAB, or the HC ITO may recommend a study. If the HC ITAB concurs, the HC ITO requests members for a QLG from each Service, with one Service designated as the lead.

2. **Quick Look Group (QLG)**. The HC ITO provides a study charter and facilitates a meeting of the QLG to determine, as with any ITRO QLG, if enough commonality in the training exists between one or more Services to warrant a formal study. If the QLG recommends a study, they transition into a DAG. If the QLG finds insufficient commonality, they may recommend to the HC ITAB no further study. The HC ITAB may concur or direct a full study.

3. **Detailed Analysis Group (DAG).** The HC ITO facilitates meetings to develop a common core curriculum, identify training options, and conduct the Cost Analysis. This process is an opportunity for an innovative examination of different training modalities, such as outsourcing and Advanced Distributed Learning (ADL) and/or consolidation locations. However, the options selected for a Cost Analysis should primarily focus on training options that create maximum savings and efficiencies. To the greatest extent possible, new options should not exceed existing resources.

4. **DAG Recommendation.** Based upon the Cost Analysis, the DAG makes a recommendation to the HC ITAB and the recommendation is staffed to the ITAB voting members via a Staff Action Form (SAF) prepared by the HC ITO. The Cost Analysis, with the DAG recommendation, is attached to the SAF and submitted to the voting member from each Service to solicit a Service position. A recommendation to maintain the status quo will usually be made by the DAG if no cost or training efficiencies can be achieved. If the HC ITAB concurs, the study is terminated. However, the HC ITAB may also decide to select an option as a recommendation to the DMRTEC and proceed with the decision process. If the DAG recommends an option that will achieve efficiencies and HC ITAB concurs, the recommendation will be forwarded to the DMRTEC for decision.

5. **DMRTEC Decision**. The DMRTEC makes a decision based upon the recommendation of HC ITAB. If the decision is to proceed, preliminary planning begins and an implementation meeting and cost analysis are scheduled by the HC ITO. If the DMRTEC decides not to proceed, the study is terminated. The DMRTEC minutes record all consolidation and termination decisions. The HCITO will issue Interservice Executive Orders in the format shown in Figure 8 for key DMRTEC decisions impacting Interservice training. All HC IEOs will be signed by the ITRO Advisor for HC and numbered as follows: HCIEO, four digit year, and two digit sequence e.g.HCIEO-2001-01.

6. **TEC Role.** The TEC is notified of DMRTEC decisions to ensure that the medical community is kept informed.

7. **ITRO SC, DEB, and EB.** The HC ITO will keep the ITRO SC informed on the progress and results of studies and the resulting recommendations. The ITRO AHC will notify the ITRO DEB and EB of DMRTEC decisions.

HEALTH CARE ACCREDITATION

1. Operation of the HC Accreditation Committee: This committee functions in an advisory capacity rather than as a standing committee to assist with program accreditation. Members of the group will be composed of representatives from each service with a rotating chair and are responsible for establishing and maintaining oversight and quality assurance of institutional and programmatic accreditation, where applicable, in health care interservice training. The Advisory Committee acts as the central point of contact on accreditation issues and provides assistance and standardized guidelines to those programs seeking accreditation.

2. General Information About Accreditation. A collegial process of external peer review in which an agency grants public recognition to an institution or specialized program of study that meets established qualifications and educational standards through initial and subsequent periodic evaluations. Accreditation may be either institutional or programmatic. Institutional accreditation is the process whereby the institution itself, as opposed to a single program or course of instruction, within the institution, is accredited by a regional or national accrediting body

such as the Southern Association of Colleges and Schools (SACS) or the Council on Occupational Education (COE). Programmatic accreditation is recognition within an institution to an individual -/program by an accrediting body that deals specifically with the occupational specialty.

3. Considerations of the DAG Regarding Accreditation. Detailed Analysis Groups (DAG) should take into consideration the requirements for programmatic accreditation when developing the curriculum for the courses under review for consolidation. Every effort should be made to develop a course, which meets the accreditation standards. However, inability to meet the standards for accreditation should not be considered a reason to terminate the consolidation study.

4. Accreditation Process. Details of the accreditation process are included in Chapter 1.1 of the Standards Manual for Health Care Interservice Training, July 1999 and on the flowchart Fig 10-3 and Programmatic Accreditation Checklist Figure 10-3. The host service seeking accreditation, maintaining, or improving accreditation status contacts the appropriate service representative on the Accreditation Advisory Committee to notify them of the intent to seek or continue accredited status. The advisory committee member will maintain oversight and provide guidance to the institution or program to facilitate a successful accreditation process. The host service and participating services follow the procedures set forth in the Standards Manual for Health Care Interservice Training, July 1999, and in this section of the Procedures Manual.

5. Method of Changing an Accreditation. Changes to an existing accreditation are to be conducted in accordance with the Standards Manual, and coordinated with the appropriate representative on the Accreditation Advisory Committee.

6. American Council on Education (ACE). All interservice courses are required to submit programs of instruction to obtain college credit recommendations from the American Council on Education (ACE). The Air Force is evaluated by the CCAF, and ACE recommendations for Air Force courses are based upon the credit value assigned by the CCAF. This process is entirely separate from the institutional accreditation process.

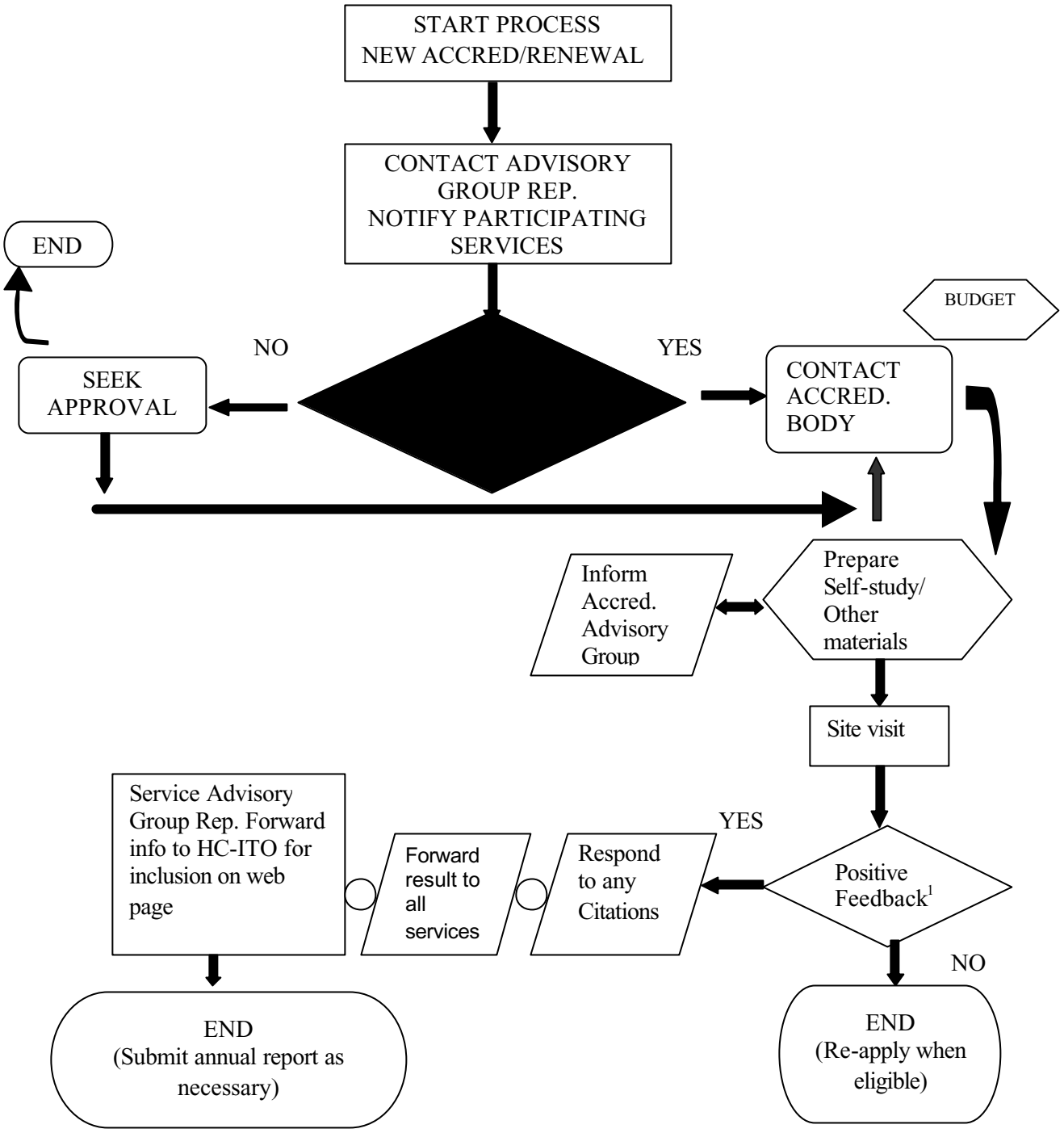


Figure 10-3, Programmatic Accreditation in Health Care Training

PROGRAMMATIC ACCREDITATION CHECKLIST

ITEM	COMMENTS	DATE COMPLETED
1. Contact Appropriate Service Representative		
2. Officially apply for initial or continuing accreditation	Budget for accreditation costs including site visit	
3. Contact accreditation body for materials, guidelines, essentials, application, standards	Research/Analyze Guidelines - Does program meet requirements for accreditation? Assemble a committee to work on accreditation – host service chair, ensure coordination with all services through accreditation representative	
4. Establish a plan of action and milestones		
5. Write the self-study	Answer all questions completely Critically evaluate your program Assemble supporting documentation	
6. Site visit	Protocol Each service should be involved Brief students and staff Schedule in/out brief Exhibits Phase II	
7.Report of Findings	Draft vs. final confirmation CAUTION – Respond to all items as required Provide copy to accreditation rep.	
8. Provide update information on accreditation to the accreditation group for inclusion on HC-ITO web site.		

FIGURE 10-4, Programmatic Accreditation Checklist